	J.	Application or Docket Number						7					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  /0/7/938/													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
TOTAL CLAIMS			19				•	RATE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED .		NUM	NUMBER EXTRA		BASIC FI	385.00	OR	BASIC FEE	770.00	1
TOTAL CHARGEABLE CLAIMS			[Q m	(Q minus 20=		•		X\$ 9=		OR	7000		1
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	X86=		1
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=		1			1
* 1	f the difference	e in column 1 is	less than z	less than zero, enter "0" in column			į	TOTAL	+	OR OR	<u> </u>		┨
	11/20/03 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	. ENTITY	OR	OTHER SMALL		1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 24	Minus	- 6	0	= 4		X\$ 9=		OR	X\$18=	7200	ŀ
	Independent	* ENTATION OF M	Minus	DEMOCALY	3		1	X43=		OR	X86=		]
_	111101111201	CITATION OF W	OLTIPLE DE	PENDENT	CLAIM		Ī	+145=		OR	+290=		1
							iL A	TOTAL	1	OR	TOTAL ADDIT, FEE	72	12)
Ш	117	(Column 1)	·	(Colum		(Column 3)			1-				1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	. 2	14	=	Γ	X\$ 9=		OR	X\$18=		
	Independent	* /	Minus	***	3	=	t	X43=	· ·		X86=		İ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢	71100		OR	7002		l
			•		•	•	L	+145=		OR	+290=		
	•				•		AI	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1)		(Colum		(Column 3)							
ラレ		REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		•	Γ	X\$ 9=		OR	X\$18=		
	Independent	* .	Minus.	ARR		=	$\vdash$	X43=					
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	A43=		OR	X86=		
+145= C										OR	+290=		İ
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ODIT, FEE		
7	he "Highest Num	mber Previously Paid ober Previously Paid	uo For IN THI; I For (Total or	SPACE is I Independen	less thau t) is the	n 3, enter "3." highest number (			propriate box				